



city of
pleasant hill
100 Gregory Lane
Pleasant Hill, CA 94523
(925) 671-5221

PLEASE NOTE:

- 1. A separate application is required for each position.
- 2. Use a typewriter or print in ink. Incomplete or illegible applications will not be considered.

OFFICE USE ONLY

Qualified _____

Disqualified _____

Education _____

Experience _____

Incomplete _____

Other _____

Date Interviewed _____

Score _____

Action: ☐ Hired—Effective date _____

☐ Not Hired—Rank Order _____

position

Position Applied For _____

Date
of Filing _____

personal

Full Name _____ Social Security No. _____
Last First Middle (used for tracking purposes only)

Address _____
Street City & State Zip

Home Phone _____ Bus. Phone _____

Do you have a valid driver's license (if position requires it)? Yes _____ No _____ State _____ Lic. No. _____

Have you any relatives working for the City of Pleasant Hill? _____

If yes, give name and relation _____

education

Name of School	Major	Dates		Units	Degrees
		From	To		
High School _____					
College or Univ. _____					

Trade or Business School _____					

special skills

(Optional unless required by position)

Clerical Skills: Typing WPM (net) _____ Shorthand WPM _____

Office Equipment _____

Do you speak any languages in addition to English? _____
_____ Speak _____ Read _____ Write

Other Special Training, Professional Licenses or Registrations _____

convictions

Have you ever been convicted, pled guilty or pled "no contest" to any criminal offense involving dishonesty or a breach of trust, including, but not limited to, theft, fraud, passing bad checks, credit card fraud, forgery or other crime? If you were charged, but the charges were dropped or you were acquitted, answer "No."

NOTE: A yes answer does not automatically disqualify you from employment, since the nature of the offense and date will be considered. If yes, please explain: _____

THIS SECTION WILL BE DETACHED BEFORE APPLICATION IS EVALUATED

CITY OF PLEASANT HILL
AFFIRMATIVE
ACTION QUESTIONNAIRE

City of Pleasant Hill is asking all applicants for employment to complete this card in order to comply with United States Government Equal Employment Opportunity Requirements. Data collected will be used for statistical purposes only.

This information which you provide voluntarily will be detached from your application and will be kept separate and confidential

NAME _____

POSITION APPLYING FOR: _____

Please answer all questions by placing an "X" in the appropriate blank.

A. ARE YOU?

- 1. ☐ Male
- 2. ☐ Female

D. ETHNIC ORIGIN—PLEASE CHECK ONLY ONE.

- 1. ☐ WHITE—Caucasians, Anglo-Saxons.
- 2. ☐ BLACK—African Descent, Jamaican, Trinidadian, West Indian.
- 3. ☐ SPANISH SURNAME—Mexicans, Chicanos, Latin Americans, Spanish-Descent, Cubans, Puerto Ricans.
- 4. ☐ ASIAN AMERICAN—Chinese, Japanese, Korean.
- 5. ☐ FILIPINO
- 6. ☐ AMERICAN INDIAN—Includes persons who identify themselves or are known as such by virtue of tribal association.
- 7. ☐ OTHER Aleuts, Eskimos, Thais, Polynesians, East Indians and categories not covered

PLEASE COMPLETE THE FOLLOWING:

How did you find out about this job? (Check one or more)

1. ☐ City Personnel Department

2. ☐ City Employee

3. ☐ Job Announcement on a Bulletin Board

4. ☐ Newspaper or Publication
5. ☐ Community Organization

6. ☐ Other

Name of Newspaper or Publication

Name of Organization

employment history

Starting with your present or last employer, please account for your past work experience. Please attach any supplemental information you think might be useful. However, be sure you fill out the application fully. DO NOT MARK THE APPLICATION "SEE RESUME."

Name of Employer

From

To

Total Yrs. & Months

Street

City & State

Phone

Supervisor Name & Title

Title of your position Duties and responsibilities

Salary

Number of persons you supervised

Reason for leaving

Name of Employer

From

To

Total Yrs. & Months

Street

City & State

Phone

Supervisor Name & Title

Title of your position Duties and responsibilities

Salary

Number of persons you supervised

Reason for leaving

Name of Employer

From

To

Total Yrs. & Months

Street

City & State

Phone

Supervisor Name & Title

Title of your position Duties and responsibilities

Salary

Number of persons you supervised

Reason for leaving

agreement

May we contact your present employer?

I understand that any misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment. I agree to undergo physical examination and fully understand that employment is contingent upon meeting the City's physical requirements, which may include a physical agility and psychological test (if required by the position). I also authorize the employers, schools or persons named to give any additional information regarding my qualifications and character.

Please read the above and sign

Signature

Date